

Submit 3 Copies to Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505



WELL API NO. 30-015-34871
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH
PROPOSALS.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator COG Operating LLC
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701

7. Lease Name or Unit Agreement Name Harper State
8. Well Number 11
9. OGRID Number 229137
10. Pool name or Wildcat Loco Hills; Glorieta Yeso

Well Location Unit Letter <u>P</u> : <u>865</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line Section <u>16</u> Township <u>17S</u> Range <u>30E</u> NMPM County <u>Eddy</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3680 GR

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
CASING/CEMENT JOB <input type="checkbox"/>	

OTHER: Completion ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

06-08-07 Perf @ 5665'-5791, 2 SPF, 22 holes.
06-12-07 Frac w/90,489 gals 30# & 40# linear gel; 8000# LiteProp 125 14/30; 61,269# 16/30 white sand; 15,300# SiberProp 16/30.
06-13-07 Perf @ 5300'-5546', 1 SPF, 28 holes.
06-15-07 Frac w/82,690 gals 30# & 40# linear gel; 8000# LiteProp; 74,620# 16/30 white sand; 15,720# SiberProp 16/30 RC sand.
06-18-07 Perf @ 4865'-5182', 2 SPF 34 holes.
06-19-07 Acidize w/ 2500 gals 15% HCL acid.
06-20-07 Frac w/80,000 gals 30# & 40# linear gel; 8000# LiteProp; 74,940 16/30 white sand; 15,100# SiberProp 16/30 RC sand.
06-21-07 RIH w/184 jts 2 7/8" tbg, SN @ 5806'. RIH w/new 2 1/2x2x24' RHTC pump.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Carol Ann Lance TITLE Regulatory Analyst DATE 06/27/07

Type or print name Carol Ann Lance E-mail address: clance@conchoresources.com Telephone No. 432-685-4395

For State Use Only

OCT 1 0 2007

APPROVED BY: FOR RECORDS ONLY TITLE _____ DATE _____

Conditions of Approval (if any):